APR 1.2 2006

PTO/SB/22 (12-04)
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rk Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. **Docket Number (Optional)** PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 56245 (71699) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 09/904,182-Conf. #1162 Filed July 11, 2001 APPLICATION OF PHOTOCHEMOTHERAPY FOR TREATMENT OF CARDIAC ARRHYTHMIAS Art Unit 3735 Examiner D. M. Shay This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): <u>Fee</u> Small Entity Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 Two months (37 CFR 1.17(a)(2)) \$450 \$225 Three months (37 CFR 1.17(a)(3)) \$1020 \$510 510.00 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105 . I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 April 12, 2006 S∕ignature⁄ Date .lsá Swiszoz Hazzard (617) 439-4444 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of forms are submitted.

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